



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1 of 3

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>Accetturo For Elected Office</b>	
2. Acronym or Abbreviated Name (if any) <b>N/A</b>	3. Committee Telephone Number ( 317 ) 833-8723
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>14282 Laura Visa Drive</b>	
5. City, State, ZIP Code <b>Carmel, Indiana 46033</b>	6. Party Affiliation (if applicable) <b>Republican</b>

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <b>John Vincent Accetturo</b>	8. Party Affiliation or If Independent Candidate <b>Republican</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>City Council</b>	10. County of Residence <b>Hamilton</b>

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: 1/1/09 Through: 12/31/09	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	125.21	
14. Cash on hand and investments January 1, current year.		125.21

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	0	0
15b. Unitemized	0	0
15c. Add lines 15a and 15b in both columns	0	0
SUBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	125.21

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0	0
17b. Unitemized	60.00	60.00
17c. Add lines 17a and 17b in both columns	SUBTOTAL	60.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	60.21
19. Debts OWED BY the committee (use Schedule D)	5295.00	
20. Debts OWED TO the committee (use Schedule E)		

### CERTIFICATION

### FOR OFFICE USE ONLY

I, \_\_\_\_\_, certify that the information furnished on this form is true, correct and complete.

Title Treasurer	Date 1/2/10
	Date 1/2/10



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(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSERS column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS, if any (street number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
CARISTINE ACCETTURO 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$100.00 LOAN	2/28/07	0	\$100.00
CHRISTINE ACCETTURO 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$200.00 LOAN	3/9/07	0	\$300.00
CHRISTINE ACCETTURO 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$1000.00 LOAN	3/26/07	0	\$1300.00
CHRISTINE ACCETTURO 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$600.00 LOAN	5/3/07	0	\$1900.00
CHRISTINE ACCETTURO 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$100.00 LOAN	5/29/07	0	\$2000.00
CHRISTINE ACCETTURO 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$500.00 LOAN	8/13/07	0	\$2500.00
CHRISTINE ACCETTURO 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$500.00 LOAN	8/20/07	0	\$3,000.00
SUBTOTAL THIS PAGE OF SCHEDULE D					\$3000.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$



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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <small>(street number, city, state, ZIP code)</small>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) <small>(street number, city, state, ZIP code)</small>	AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
CHRISTINE Accetturo 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$ 900.00 LOAN	8/31/07	0	\$ 3,900.00
CHRISTINE Accetturo 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$ 425.00 LOAN	10/30/07	0	\$ 4,325.00
CHRISTINE Accetturo 14282 LAURA VISTA DR CARMEL, IN 46033 LENDER'S OCCUPATION: CONSULTANT		\$ 970.00 LOAN	12/3/07	0	\$ 5,295.00
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 2,295.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <small>(Enter total on ITEM 19 of the Summary Sheet)</small>					\$ 5,295.00